

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	1					
3	1					
4	2					
5	0					
6	0					
7	0					
8	1					
9	1					
10	2					
11	0					
12	0	0				
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
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TOTAL IND.	2		↓		↓	
TOTAL DEP.	10		←		←	
TOTAL CLAIMS	12					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						